

**CITY OF TEMPE
REQUEST FOR ACCOMMODATION**

Name		Date	
Address	City	State	Zip -
Daytime Phone () -	Evening Phone () -		

Nature of Disability:

City Facility, Program, Activity or Position Affected:

Description of Accommodation Requested:

Date Accommodation Desired (if applicable):

I hereby request the above accommodation and affirm that I am a qualified individual with a disability pursuant to the Americans with Disabilities Act.

Signature

Signature of Parent or Guardian
(if applicant is under 18)

(NOTE: Certification of disability from a physician may also be required.)

— TO BE COMPLETED BY CITY OF TEMPE —

Received by: _____
Name
Department
Date

☐ Approved: _____
Name
Department
Date

Signature

☐ Approved as requested
☐ Explanation attached

☐ Alternative approved
☐ Copy to Disabilities Assistance Officer

☐ Denied: _____
City Manager Signature
Date